



Adult Waiver & Volunteer Application

National Guard Militia Museum of New Jersey
PO Box 277
Sea Girt, NJ 08750
(732)-974-5966

PERSONAL INFORMATION

Name: (last, first, middle) _____

Nickname: _____ Date of Birth: (month/date/year) _____

Street Address: _____ City, Zip, County: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Have you ever served in the military? ☐ Yes ☐ No If yes, what branch?: _____

Dates of military service: _____ to: _____

EMERGENCY CONTACT INFORMATION (please provide address and phone numbers)

Full Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell: _____

Street Address: _____ City, State, Zip: _____

EDUCATION

High School: _____

Undergraduate School: _____ Degree: _____ Major: _____

Graduate School: _____ Degree: _____ Major: _____

Other: _____

EMPLOYMENT INFORMATION (if retired or not employed, please list your last place of employment)

☐ Student ☐ Employed ☐ Not Employed ☐ Not Employed at this time ☐ Retired

Employer: _____

Department: _____ Title: _____

Street Address: _____ City, State, Zip: _____

AVAILABILITY TO VOLUNTEER

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

Comments on Availability: _____

HOW DID YOU HEAR ABOUT VOLUNTEERING AT THE NATIONAL GUARD MILITIA MUSEUM OF NEW JERSEY?

<input type="checkbox"/> Family	<input type="checkbox"/> Museum Member	<input type="checkbox"/> Museum website	<input type="checkbox"/> Work
<input type="checkbox"/> Friend	<input type="checkbox"/> Museum Staff	<input type="checkbox"/> News	<input type="checkbox"/> Facebook
<input type="checkbox"/> Museum Visit	<input type="checkbox"/> Museum Volunteer	<input type="checkbox"/> School	<input type="checkbox"/> Other: _____

Did you hear about us from a museum volunteer or staff person? Please let us know his or her name: _____

Are you related to a museum volunteer or staff member? _____ Are you a museum member? ☐ Yes ☐ No

Have you ever been employed by National Guard Militia Museum of New Jersey? ☐ Yes ☐ No

Have you ever been a volunteer at the National Guard Militia Museum of New Jersey? ☐ Yes ☐ No

AREA OF INTEREST:

INTELLECTUAL PROPERTY

I understand that in the course of volunteering I may participate in or create intellectual property on behalf of the Museum. I understand that all such property, and all rights to its use, belong exclusively to the Museum. I shall exercise due diligence in ascertaining the ownership of any non-Museum intellectual property prior to its use by the Museum, and shall work with appropriate Museum personnel to protect Museum intellectual property.

IMAGE AND PERFORMANCE RELEASE

I hereby grant to the National Guard Militia Museum of New Jersey the rights to use my image, interview/performance(s) or music for museum exhibit displays, associated educational programs, and/or public relations. The above mentioned items will not be used for retail sale or retail products.

DISCLOSURE

Have you ever been convicted of any law violation (except minor traffic violations)? ☐Yes ☐No

If so, please provide details: _____

AUTHORIZATION FOR BACKGROUND CHECK (to be completed by applicants over 18)

As an applicant for a volunteer position with the Museum, I realize that a thorough background investigation is conducted to qualify me for volunteering. I understand that the Museum must verify my date of birth and social security number.

I hereby authorize the release of any information relating to my criminal history, driving record, and any additional specific information relating to the position that I am applying for, unless restricted by law. This authorization is made voluntarily, for the purposes of volunteering only, and information should be given only in response to an authorized request from the Museum.

Authorization by: Full name (First, Middle, Last): _____

☐Male ☐Female Date of Birth: _____ Social Security No: _____

RELEASE AND WAIVER

I understand that as a volunteer/intern I agree to submit to the appropriate background checks required by the Museum. I understand that I may be working with children or other Museum visitors, may operate machinery, lift boxes or equipment, or be required to sit for extended periods or climb stairs and walk through exhibition halls. I may have access to secure collection items or labs. My work may encompass scientific activity involving chemicals, animal specimens, or other potentially hazardous activities requiring care and skill. I agree to follow all instructions provided by Museum personnel regarding these activities. By submitting this application to become a Museum volunteer/intern, I (or my legal guardian on my behalf) state that I am capable of performing these tasks and waive and release any and all claims I may have against the Museum, its employees or volunteers, the New Jersey Department of Military and Veterans Affairs, and the U.S. Department of Defense, based on any injuries or damages that I may incur in the course of volunteering/interning. I also understand and agree that being a Museum volunteer/intern does not mean I am a Museum employee. I don't expect that volunteering/interning will lead to or become employment, and understand that I am not entitled to any employee benefits such as workers compensation, salary, or any other benefit or compensation.

SIGNATURE

By signing your name below you represent that the information provided is true and correct, and that you have read and will abide by the terms and conditions contained in the application.

Signature of Applicant

Date

Please Print Name